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CONTENTS

MENTAL NURSING AS A CAREER	Irene V. Liddell	
REFUGEE CHILDREN IN ENGLAND	Paul Flaut, M.D., D.Ph.	
GROUP TEACHING IN WARTIME	Ruth Thomas, B.A.	
NEWS AND NOTES	BOOK REVIEWS	BIBLIOGRAPHY

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Mental Nursing as a Career

By IRENE V. LIDDELL

Staff Nurse, Claybury Mental Hospital; winner "Lord" Memorial Essay Prize, 1940

The metamorphosis of public opinion is notoriously slow. Although the last two or three decades must have done much to disabuse the public mind of its misconceptions with regard to mental hospitals, there is still some distaste felt by parents at the suggestion that mental nursing might be a suitable career for their daughters. Before an attempt is made to overcome this, the conditions and opportunities which the mental nursing service offers to-day will be outlined.

Conditions of Mental Nursing

Eighteen is the earliest age at which a girl may enter a mental hospital for training. Her commencing salary, together with various emoluments—and with consideration of the fact that she is taking a training—compares very favourably with other branches of nursing and other types of work. It is not expected that the probationer shall have matriculated or possess the school leaving certificate, as it is in many general hospitals, but such attainments are appreciated and the standard of education required has for a long time been on the up-grade.

Efforts are made, to-day, to allow the young probationer to become acclimatized to her work in wards allotted to convalescent patients, as it is probable that her future attitude to her work will be largely influenced by the impressions received in the early part of her training. In past times, many a girl must have been frightened away altogether by being plunged too suddenly into contact with patients whose mental illness was at the acute stage. It is encouraging to know that this eventuality is now foreseen and as far as possible prevented.

Training of Mental Nurses

The course of training is usually for three years and during that time the nurse attends several series of lectures which help her to understand and to recognize various types of mental illness. The earliest of these will deal with elementary physiology, with hygiene, with first aid and with the rudiments of practical nursing. She will learn during these first few months how to make a bed, take a temperature, do a simple

dressing, how to recognize instruments and appliances in everyday use, and what special precautions must be observed in relation to her patients. Later she will be given a further course of lectures which will prepare her for the preliminary part of the examination held for mental nurses by the Royal Medico-Psychological Association. The main subjects of this are physiology and practical nursing. After an interval, the nurse proceeds to the lectures for the final part of the R.M.P.A. certificate. These, while embracing the subjects already mentioned, include also psychology, both normal and abnormal. If she satisfies the examiners she will, when she has completed the stipulated period, be trained and qualified to hold a more responsible position. Should she fail at either examination she will by no means have to abandon her training as opportunities are given to sit more than once if necessary.

As an alternative to these examinations there are those held under the auspices of the General Nursing Council which admit the nurse to the State register. Many nurses do sit for both the R.M.P.A. and the State examinations, and the nurse who proposes to follow her mental by general training is well advised to do so, as the preliminary part of the State examination is the same for various branches of nursing. The nurse who goes on to general training will find the grounding she has received in the mental hospital an enormous help, and many general training schools are willing to shorten the course for the nurse who has been trained in a mental hospital. To the doubly trained nurse, lucrative positions of an administrative nature are open in the mental hospitals, but should she prefer to remain in general work she will find that the time spent in mental training will by no means be wasted as she will have acquired from it a valuable insight into human nature.

Recreation in the Mental Hospital

That, roughly, is how the training of the nurse proceeds as regards her work. The work is, of course, not the only aspect of life in a mental hospital. There is the social side. Some of the finest and most modern nurses' homes are attached to mental hospitals and these have excellent dining and recreational rooms. It is the practice for dances, whist-drives and social evenings to be held and to some of these functions the nurse may invite her own friends. There are facilities for tennis, hockey and badminton in nearly all the hospitals, and, in some, for golf and swimming as well. The girl who enjoys sport will find an excellent outlet here as inter-hospital events are continually being arranged and the competition is keen.

For the more studious type of girl there is a library and the quiet of her own room in which to read and study when she wishes it. The majority of mental hospitals work a ninety-six hour fortnight and this allows considerable time for relaxation and the development of one's own pursuits. There is little trace in the mental hospital of to-day of the rigorous "military" discipline for which some of the general hospitals were notorious; the importance of adhering to rule is no less in evidence here than elsewhere, but generally speaking the rules do make an appeal to common sense and are not petty and irksome. Mental nurses are protected by their own Union which is continually on the look-out for opportunities to improve the conditions of the service and which also provides legal representation should it ever be required. The

nurse who makes mental work a career can look forward to adequate provision in her old age as she will pay contributions to a superannuation fund which ensures her a pension.

Opportunities for the Mental Nurse

Certain courses are open to the nurse on the completion of her training: she may decide to remain in hospital, where she will after a time occupy a more responsible position and in some hospitals may be allowed to become non-resident: she may decide to branch out into private nursing, in which case she must bear in mind that her working hours will be longer and may be irregular, and also that mental nursing in a private home, if it has some advantages, has also peculiar difficulties—the responsibility is greater and there is not the moral support of superior officers to rely upon. If the nurse takes her general training and returns to mental work with, say, also her fever and midwifery certificates, the highest positions are open to her, providing she has the personal qualities necessary to hold them.

The Progress of Mental Treatment

In this discussion so far, the nurse has been referred to as “she”; it must be pointed out that in a mental hospital the same training and opportunities are open to young men. It is quite probable that on reading the foregoing a person seriously contemplating mental nursing as a career—not as a stop-gap—would feel that whilst having learned something of the conditions of the service, he or she still knew nothing about the work as a whole. This, it seems, can best be supplied by some account of the history of mental nursing, its aims and ideals, its hopes and its failures. It must be fairly generally recognized that the mental hospital of to-day is a very different place from the “asylum” of half a century back. Nevertheless, it is apparent that certain sections of the lay mind are not aware of how great the difference is. Insanity, its causes and symptoms must, they would argue, always be much the same. Let us consider three factors which may help to elucidate the changed conditions of to-day.

The first of these is the fact that in the old days the type of patient herded into the asylums was more or less irrecoverable. Many thousands of people who spend a limited time in a mental hospital to-day—many voluntarily—would never have been placed under care fifty years ago. The standard of intelligence amongst the masses was lower and the demands of life much less urgent, and somehow or another these people would have “weathered the storm”, or if they did eventually find their way into the asylums, it would certainly not have been in the early stages of their mental illness as is the case to-day.

The second factor is the changed times in which we live. The very speed of life to-day, the stresses peculiar to a mechanized age, not to mention numerous other social and economic causes with such effects as the increasing horror and devastation of war, have bred a type of neurosis of their own. It has, too, become recognized by the medical profession that the “functional” disturbances of many patients, whose symptoms “toe the line” as far as the recognized idea of some disease is concerned,

are nevertheless of neurotic origin and the fundamental cause of the trouble is frequently revealed as long established anxiety neurosis and phobias. This growing feeling of the very close interaction between mental and physical states tends to bring under the care of the mental hospitals a type of patient whom our grandparents would have hesitated to pronounce insane or even neurotic. It is not desired to give the impression that such persons need be certified; large numbers are treated as voluntary patients in our hospitals every year and many of these are recruited from the class under discussion. It obviously makes a great deal of difference, from the nursing point of view, that there is a so much greater percentage of border-line recoverable cases. It is true that many mental hospital patients are *not* regarded as recoverable, but can we safely say that of any case in this age of scientific progress?

That brings us to the third factor to be considered in accounting for the change in our hospitals. During the past forty to fifty years—almost simultaneously if one can for a moment view time in relation to the development of the race and not the individual—a group of thinkers sprang up in Europe and America and began a rather belated study of the human mind. True, such study was far from new; it had been a vague form in the province of philosophy and metaphysics, but it was new in its application and intention. The infant sciences, psychology and psychopathology, became an adjunct of medicine and many and varied schools of thought arose. Anyone engaged in mental nursing would be well repaid to learn something of the work of the men who formed the nuclei of these schools, Charcot, Müller, Freud, Jung, Adler, Bergson and McDougall, not to mention the fascinating experiments of Pavlov. These and many others, both by themselves and by their conflict with each other, gave birth to knowledge, the effects of which are evident in mental nursing to-day. Not only should this study be absorbing because of the relation it bears to the work of every day, but because it helps one better to understand the aims of the research which is going on from day to day, and above all because it lifts the mental nurse out of the category of a mere wage-earner and makes her feel part of a great campaign to rid the world of a scourge. Perhaps the part is a small one, but viewed from this standpoint mental nursing does offer to the aspirant something vital, something more than the material opportunities outlined in the earlier part of this discussion. It offers an absorbing interest; it is a refining process in the development of character, for unusual patience and forbearance must emerge in the nurse for whom mental nursing is a vocation. It offers, too, opportunities for service to the helpless and afflicted and the joy of seeing them restored; these are real values, quite as real if not quite as obvious as monetary gains.

The Ideal Mental Nurse

As regards the type of person best suited to the work, as a rather general rule the cool, level-headed, not over sensitive person is best. But a mental nurse should not be insensitive and unimaginative; in fact, the sensitive type of person, provided with a good fund of intelligence, reacts better to the work and will not find it an undue strain. Mental nursing ought to be regarded as a highly skilled profession, for what can need more delicate attention than an unbalanced mind? The best people are

needed and one feels that when the work is better understood it will attract these people, for there is in it a subtle and difficult art, which would appeal to the well-developed mind. No doubt as the number of chronic cases decreases and the number which can be treated successfully increases, there will be a response to the work from a type of person which might surprise us now, could we foresee it.

Mental nursing has much before it and from day to day important strides are being made; as witness the new treatments to which schizophrenia, most intractable of insanities, is beginning to yield. The nurse has her part in the administration of these and other new treatments and the results are most encouraging. A feature of some of the new methods is the increased pliability of the patient's mind which is induced, and the nurse, because of her continual contact with her patients, has fine opportunities for helping them to reach and maintain the improved level attained.

It is understandable that a person in whose mind the old misconceptions of mental nursing lingered might hesitate before adopting it as a career. It is hoped that this discussion will have helped to dispel the idea of a dark and gloomy haunt with little interest except ministrations to the hopeless, and will have revealed an interesting and varied career with great opportunities for the present and even greater opportunities in the future.

Refugee Children in England

By PAUL PLAUT, M.D., D.Ph.

Problems arising from the evacuation of children have lately been discussed at length. This paper deals with a similar subject, an evacuation problem on the largest scale. Evacuation of schoolchildren means more than the separation of children from their parents and home environment for an indefinite time; it means also the abandonment of many factors which have been regarded as essential for their development. We are far from asserting that with evacuated children as contrasted with refugee children the problem of the "broken home" need arise. On the contrary, we may assume that life under new sociological and psychological conditions may very often have a positive influence on many children who, otherwise, would never have had the opportunity to live and grow up outside the narrow confines of their "traditional" atmosphere, and to make contact with a wider world. In the case of the refugee child we may find a parallel state of affairs, but with specific problems added.

Refugees in Britain

There are at present about 9,000 children under the guardianship of the "British Movement for the Care of Children from Germany". In discussing

this group (Castendyck, 1939) we must distinguish between children who came to England with their parents and those whose parents are still in Germany, Austria, etc. The first group may serve us as a control group. These children in the control group belong to families who managed to bring over part of their fortune, to start a new life in different professions and to settle down in due time, although under changed conditions and on a lower standard of life. The children themselves found a new country, a new and mostly unknown language, new customs, and a different people, etc. For the first time in their lives they have learned the significance of the word "*foreigner*" and have felt themselves as foreigners. On the other hand they could live with their parents, they had an unchanged home-life on the whole, and, at the same time, they got in touch with English boys or girls in their schools and easily learned the new language in a very short time. We have seen small children between the ages of 3 and 5 who after a few months spent in a kindergarten or a school have learned a fluent and accentless English, forgetting their own language rapidly. Even with older children we have always found the same thing. They have not found any difficulty in learning English because they imitate or adapt it differently from the adult for whom the foreign language is the greatest hindrance to settling down. We may, therefore, summarize observations on this control group thus:—that these children had only to face a change of place under relatively favourable conditions, and we may add that this change may well become a positive factor for their future life.

The "*Genuine Refugee*" presents a different picture. First of all we must point out that these children of different ages do not belong to a group which can be distinguished by certain uniform characteristics. They belong to *different social classes, different psychological types, and they had not been selected for emigration according to their individual qualification for it, but because of a very urgent need.* This is a very important psychological point, which we always have to keep in mind. There are very young children who, of course, do not realize their present situation and change of life. Only when they are older will they learn that they have lost their fathers, killed in concentration camps or prisons, or that their parents have been deported to an unknown place with an unknown fate. The older children, on the other hand, came over with a more or less heavy burden according to their life-experiences during the last years in Germany, Austria, etc. They could not mix with children of other faith and race, they were excluded from common playing grounds, schools, etc. They have seen their parents in great distress; they know what a concentration camp really means. Fortunately, young children possess the talent of forgetting very quickly, but there are events which they cannot easily forget.

Loaded with this burden, these children came over not only separated from their parents but to find here strange people, a strange language, and strange surroundings. It is true they became absorbed in the early days by the kindness and human understanding which they have found here and which they had not known for years; they enjoyed the new life, they found it very interesting and they wrote letters to their parents abroad about it. We have often seen these letters from both sides but find a new and tragic situation developing for the youngsters. The parents abroad

described their miserable and hopeless life in full detail, and they asked their "happy" children here to do their very best to bring them over. For many of the young children this knowledge and claim became another heavy burden and a source of depression and unhappiness, because they could not find the way to begin. The outbreak of war and the total interruption of communication between these children and their parents abroad have not eased this situation; on the contrary, rumours and newspaper reports about ill-treatment, atrocities, deportations, have only heightened the whole tension.

Lodging of Refugees

Experiences with evacuated children have shown that the question of *lodging* is of the greatest importance for settlement and stabilization under the present conditions. Because of the facts we have mentioned above, it is obvious that various and often very complicated situations could not be avoided with regard to the refugees living with *private families* or in *camps* and *hostels*. Nevertheless, we may add that wartime conditions on the whole have cleared up the situation from many points of view.

Where the children could be lodged with *private families* they have mostly found there boys or girls of about the same age, with whom they could easily mix; on the other hand jealousy between the host's own and refugee children, together with ordinary home troubles, could only have a bad effect on harmony and especially on the relations between his family and the refugee. Wartime conditions could only aggravate this situation and we have, therefore, often found refugees who have had to change their foster-homes several times and so found it difficult to settle down.

There are many people who regard the placing of refugees in *camps* as an ideal solution in the belief that this type of organization can be a *substitute community* for young people, who are bound by the same fate, and that it is the best and easiest way to handle and educate the individual personalities. This is a mistake* except in those camps where there are boys or girls of about the same age who are being trained for the same work, for example, farming or other agricultural employment, with the definite object of going to Palestine or overseas where they will have to live in similar conditions. All the other camps only present the appearance of a community to the outside world, and experience has proved that it is extremely difficult to cater for children and adolescents of different ages, different abilities, and different projects for a future life, so far as they have any such projects. We must never forget that camps should only be regarded as an emergency solution and not as a special method to educate and train these children. *They await the freedom, for which they long: because they were deprived of it before and because they are young.* We have seen many of these boys and girls living in camps, and they always have the same complaints and difficulties: they feel lonely, they do not know what to do with their spare time, *they are longing for a small room "where they could sometimes be on their own"*. We find a similar position in hostels, where there are boys and girls over fourteen.

* We have the same problem and outlook with regard to the evacuated children.

Psycho-Social Abnormalities

Dealing with these and other "difficulties" from an objective point of view we found all those problems which are in evidence in every other non-uniform group of children. There are a few *pathological cases*: young boys and girls who, after their immigration, have developed epileptic fits or schizophrenia, and others who are evidently backward, imbecile, etc. These children have been separated at once and put under medical treatment and care. We found also nail biters, stammerers and bed-wetting children.

Leaving aside these single cases we had to deal with boys and girls who were brought to the clinic* labelled as "*difficult children*". The complaints have been of lying, stealing, undisciplined behaviour, sexual offences, etc. First of all, we should like to state that the percentage of these so called "difficult" children or "offenders" has been very small, and we may add that there was often a great difference between the label and the facts. A boy of 14, labelled as "sexual offender", had made a hole in a tent-roof to watch girls undressing; we could not discover any abnormal signs in this boy, who only showed a curiosity common at his age. Another boy had been labelled as "exhibitionist", because he passed water on a common. We found the same psychological background with boys accused of stealing; as a rule these boys take away small things from their companions, pencils, note-books, etc. All these "offences" must, of course, be taken notice of from the educational point of view, but it is an exaggeration to speak here of "difficult children". We have always to bear in mind that all these refugee children, particularly the older ones, live, even here, under very difficult psychological conditions, and that these difficult surroundings have to be recognized as the source of many troubles thought to be due to inherent defects of the children.

Education of Refugees

There is another important point with which we have to deal. To return to our control group we may refer to the following facts: Even if the members of this group now live on a standard far below that to which they were accustomed in Germany, they all receive in England an education which will enable them to learn a trade or profession, which they like or in which they may find interest in course of time. They have, moreover, according to the *profession* of their parents, the opportunity of finding a place, where they may learn their future profession. This is in contrast to their position before they came to this country.

All these questions are more complicated when dealing with the group of the "Genuine Refugees", and from our experience, we consider that it is from the problems of education that the most serious difficulties for the refugees and for the responsible organizations will arise. We have to remember that none of these boys and girls, without any exception, had a regular school life, in Germany, Austria, etc., for some years because of the restrictions on Jews. On the one hand, they had to leave their schools at an early stage, on the other, they had no opportunity to be

* We have seen these cases in the East London Child Guidance Clinic and in the Institute for the Scientific Treatment of Delinquency.

trained in skilled work, with the exception of the agricultural group. In the midst of their miserable and hopeless life they lost any chance of planning for their future and for a profession they wished to take up. They do not know the meaning of a vocational profession. Now they live here, they have to face labour restrictions for aliens and wartime conditions; it is very difficult for them to find places where they can be trained for any profession. But they all have the strongest desire to get any job that they can, and to become *free and independent of hospitality* and, not least, to be rid of the dullness and apathy from which they suffer to a great extent. It cannot be regarded as a proper way out of these troubles when very strong and healthy boys, not to speak of intelligent boys, are occupied with kitchenwork and housework in hostels where they live. They do it, but they may lose their tempers, behave badly and get into troubles of every kind. Young girls find it much easier to occupy themselves, as there are many jobs to be found which suit their abilities and normal tastes.

We do not intend to discuss the many problems arising from the fact that these refugees come from different countries with different standards of life, different mentalities and attitudes. They represent a variegated conglomerate of individuals, even if they are all *refugees*. The difficulties with which we have to deal will be very serious because of this, more especially as we have to face problems with which no other generation has ever been confronted.

It is of course not only a question of good organization to find the best solution, but from our experience we consider that it would be easier for the various organizations, institutions and personalities who are responsible for the refugee children, if there were a *Central Organization*, not only to supervise the various hostels, camps, foster-homes, etc., but to work out homogeneous plans based on the experiences of those who have been concerned with refugees. At present there is a lack of such a central organization, and we have often to face difficulties which could easily be avoided. First of all, a way should be found to occupy boys and girls who have left school. They cannot wait for an indefinite time to get a job "some day". In our opinion hostels should be used as training centres, not for special professions but for the purpose of continuing the education of these youngsters on a wider scale. Just as home security must be regarded as the background for young children, self-security and self-confidence based on real knowledge is the *sine qua non* for the happiness and stabilization of these uprooted refugee youngsters.

Group Teaching in Wartime

An Educational Opportunity

By RUTH THOMAS, B.A.

Educational Psychologist, C.A.M.W.

The coming of war has forced us to rediscover the merits of many discarded ways of living in all departments of life. In the realm of education, the emergency improvisation of home teaching units took us back temporarily to the days of the old dame school, but now that the first few weeks of initial disorganization which brought these to life have passed, the experience has left some of us with very serious doubts as to the superior merits of our modern large homogeneous classes and of that other distinctively modern institution, the school of from 300 to 400 children to which authority gives its blessing because therein alone is it possible to organize children into A, B, C, and D streams on the basis of intellectual capacity.

In only a minority of cases was a school class evacuated with its own teacher, and school parties were sometimes augmented by pre-school children, and last-minute haphazard additions.

In reception and neutral areas, regulation forbade children living more than ten minutes away to attend schools which could not provide air raid shelters. This meant a considerable number of transfers from school to school, and the setting up of temporary schools in halls and private houses throughout the areas. Numbers could not exceed twenty in any class room. Most children therefore attended either a morning or afternoon session in the teaching unit nearest home and the groups were naturally far from homogeneous in age and attainment, though in most cases the unit consisted of infant, junior or senior children.

In these circumstances, the teacher was cut off from all the aids which are considered essential for group work. Arithmetic and reading apparatus of a variety of grades had to be quickly made, and was nearly always insufficient. Silent occupations were restricted by the need to prevent damage to private houses, so clay, paint and cut work were taboo, and the amount of "tidy" apparatus which the infant teacher could produce depended on her physical endurance in carrying a large suitcase from one house to another and back again to school for storage.

Here is an extract from the report of the Bradford educational psychologist on the working of such a scheme in her area, referring particularly to infant and junior children:—

It is usual to see from four to five children grouped round a table doing their own individual arithmetic, writing or whatever it may be, stopping from time to time to compare notes with their next door neighbours, or to receive or give some piece of advice on the work in hand. These children work together more like a group of university students than what is commonly understood to be typical schoolchildren.

The remaining children are probably divided into two groups, one perhaps doing group reading in one corner with the teacher in charge, the other doing individual work, jigsaws, number, word or other constructive play, either round another large table or in better instances on small tables borrowed from the school

for this purpose. The teacher moves round from group to group. . . . There is no compulsory silence, the general impression is one of meaningful activity. No one is disturbed by others and when a stranger enters the room, she is practically unnoticed and is not greeted as a welcome diversion, as is sometimes the case in normal school classes.

Teachers' reports, in the case of infants and juniors, stress the amazing improvement in formal subjects by all types of children including the backward, and the rapidity with which children learn to work alone, and co-operate with others. They regret, however, the curtailment of handicrafts, music and physical training which seemed inevitable under early war conditions. Senior teachers particularly felt this absence of facilities for team work.

Believing as I do that it is the emotional training through creative work which is of supreme importance in school life, I was amazed to find, when I set out to observe the system for myself, that my misgivings about it had been unfounded. For this training in small groups even when confined to the 3 R's was undoubtedly yielding the children fundamental emotional satisfaction of the same type as they could achieve under ordinary school conditions, only through handicrafts. Because the groups were small, a child did not, as a member of them, have such a struggle for recognition. Because he was never more than an arm's length away from the teacher there was not the desperate feeling that he would be entirely forgotten unless he made himself "felt" in a fashion orderly or otherwise. Because the work had to be suited to his individual standard of intelligence and achievement, even a "D" child could attain success at his own level. Because talking and the giving of mutual help was allowed and the bright and the dull were at the same table, there was friendliness and co-operation instead of the unconscious antagonisms and jealousies which too often lie under the surface of "A" and "B" streams.

In fact, the groups were achieving all that was best in the family spirit and many a teacher found herself being called "Mum" inadvertently. Had they continued, I feel sure that all the children would have known more arithmetic and have done more silent reading; perhaps they might have had fewer geography and history and Nature lessons, but the backward children at least would not have known any less when they came to leave school and the bright ones would have picked up a great deal of knowledge from silent reading and explored their ability to learn by themselves. Moreover, their attitude towards authority and towards one another would have been one of friendly confidence lacking fear and suspicion, and in the case of the "dull", despair and bitterness lacking also. In this frame of mind they might have passed the rest of their lives more receptive of the life around them and more willing to face it with appreciation rather than with ambition or antagonism.

It was as a result of evacuation experiences that I began to remember my own early training in rural schools in Australia where children of all ages walk a couple of miles to the nearest school or are brought in by bus from much greater distances, and where the teacher is faced each morning with up to twenty-five children ranging from 5 to 14 years. I then remembered that in the less populous parts of Northern England and Scotland, which have not fallen victim to the progressive system of transporting children 500 to 800 strong to big central schools, this system is still

in widespread operation. Investigation showed that there was no fundamental difference between the practice in Britain and in Australia.

At the present moment we do not know what is likely to happen to education in the next twelve months if war conditions on the home front should change radically, and it is chiefly for this reason that I give below a more detailed account of the organization and conduct of such rural schools.

Group units may contain boys and girls of all ages, from infant to senior school, and can be most successfully worked when numbers do not exceed twenty-five. There are usually two infant sub-sections, two junior, and if necessary a senior. For arithmetic it often happens that a child may be in a lower sub-section than for English, or vice versa.

The syllabus usually contains four types of activity:—

- A. Lessons at varying times to each of the four groups separately on formal subjects, e.g. mechanical reading, arithmetic, composition.
- B. Lessons to combinations of groups at varying times on literary and social subjects, e.g. the two infants' sections may combine for story work, the two juniors for history and geography.
- C. Activities for the whole group combined, e.g. music, mime, drama, recitation and physical training. This allows for the inspiration which comes only from a "crowd" feeling. In physical work, the infants are interspersed amongst the older children, but when they form into separate groups for team work, these groups are age groups and each pursues an activity suitable to itself. In such dancing as is beyond the scope of the younger ones, the latter form into a percussion band which, whilst the others dance, beats the rhythm with the gramophone on percussion instruments. Gardening is an activity in which the whole group can co-operate; the infants planting seeds or doing surface digging or filling and painting window boxes.

Centres of interest giving rise to handwork, such as the making of historical and geographical villages from waste material, may employ all ages on items of varying difficulty, e.g. infants may make and paste paper cobbles for a street while the seniors dress the historical puppet figures.

- D. Silent activities for each group at some time to alternate with the lessons to one group, or to combinations of groups, and to be carried on with a minimum of supervision whilst the teacher is actively teaching elsewhere.

These will include:

For 6 to 8 years:

- Matching activities in reading, arithmetic and spelling.
- Completion exercises in story building.
- Simple mechanical weaving patterns.
- Building with bricks.
- Picture cutting, pasting, cutting and colouring.
- Cutting of animal with fretsaw, after tracing outlines. (Grocers' tea boxes provide wood.)
- Silent reading. Painting and drawing with imaginative motives.

For 8 to 12 years:

- Completion exercises in reading and spelling.
- Silent reading to answer questions. Read and Do exercises.
- Silent working of mechanical arithmetic.
- More complicated weaving patterns.
- Stick and potato printing. Painting and drawing on realistic subjects.
- Paragraph compositions.
- Completing maps and plans of locality following lessons and excursions.
- Classifying collections with a pedagogic basis, e.g. insects, leaves and botanical specimens.
- Pasting into exercise books labels from merchandise, stamps, pictures, round a centre of interest, e.g. animals, boats and machines, with suitable descriptions and under certain headings.

For 12 to 14 years:

- Silent study of books and newspapers to answer questions or fill in details in diagrams.
- Puppet and mask making.
- Knitting from patterns (girls).
- Embroidery (girls). Cretonne box covering, pouffe making, making of furniture seats from boxes and cretonne.
- Map making and town planning following lessons.
- Diary and story writing and illustrating.
- Classifying and pasting collections of pictures from catalogues, e.g. for girls, children's clothing, its cost and suitability (after hygiene lessons), or of household objects (after talks on cost and choice).
- Wireless talks. Some of the B.B.C. spelling and language games and during the first weeks on evacuation, their talks on things to make, as well as on the dramatic renderings of history and geography were admirably suitable for the unsupervised listening of a trained group.

The success of silent activities in written English depends very largely on the careful grading of questions, from those requiring simply the filling in of single words or mere reproduction, to those for more advanced and intelligent children demanding thought and further reading.

Assignments can sometimes be set from the blackboard or from text books, but more often they require to be so carefully graded, especially in arithmetic, that they must be set out on cards of differing difficulty, stored and classified in wall packets to which the children have access and to which they go for further work as each assignment is finished. A rural teacher in Scotland writes to me:—

I have seen a group of five year olds who, on entering the school after the long summer vacation, ran to the wall packets to make sure that their reading and counting games were still there. But I think the surest compliment to the success of the method came from a composition on "My School" by one of the older pupils: "*We are very happy at our school because we are always busy. There is always plenty to do.*"

Apparatus of the diagram type can be designed even for practical handwork such as puppet making which will teach the intelligent older child how to proceed. He in his turn may then teach the duller ones. Correction of written work may be provided for by five-minute breaks in between lessons when lists of answers are read out, or by answer cards. Actual correction of difficulties may sometimes become a teaching lesson. Frequent inspection of work and comment is of course necessary. Much of the apparatus for infant and junior classes should be of the self-corrective

type, e.g. jigsaws for learning tables where the completed picture proves if the tables have been rightly matched, e.g. 9 by 6 with 54.

The following is an extract from a typical timetable:—

	<i>Group 1.</i>	<i>Group 2.</i>	<i>Group 3.</i>	<i>Group 4.</i>
9.30—10.0	Lesson with Teacher.	Silent written work, e.g. reading and questions.	Silent written work, e.g. composition.	Silent, e.g. mechanical arithmetic.
10.0—10.15	Silent activity, e.g. picture colouring on first lesson.	Quick oral correction.	Collection of material.	Collection of work and preparation and distribution of material for next lesson.
10.15—10.40	Silent activity, e.g. reading or arithmetic matching.	Lesson with Teacher, e.g. geography, history or literature.		Silent activity of non-written kind, e.g. newspaper cutting study, or map making. Knitting or mask making.
10.40—10.45	Correction with Teacher.	Clearing up		
10.45	B R E A K			
11.0—11.30	Silent activity, e.g. cutting animals in cardboard, and colouring for project modelling.	Silent activity, answering questions from Lesson: History, silent study of text on previous lesson.	Lesson: History, geography or current events related to previous study of papers.	

Teachers who have watched the progress in formal subjects and the development in initiative, social consciousness and security of children trained in the old rural schools, never feel quite sure that the large central schools which have taken their place with modern scientific apparatus, specialist teachers, C and D streams and entire absence of intimate contacts, are any more than a sign of the genius of the age for organization and mass production. Indeed, I have recently had contact with a progressive authority which is planning its central school organization on a vertical system merely to avoid the horrors of the so-called homogeneous class, and to encourage its teachers to use group work within the class. Thus, in a three year course, each class will consist of equal numbers of new entrants and of first and second year children, and will progress through the school with the same teacher for most subjects during the three years. It will be an adventure in organization and curriculum making, but in character making, no adventure. The results in general are a foregone conclusion.

It is on something along these lines that teachers of "backward" and "opportunity" classes (not C and D streams) and of classes in special schools have been experimenting for a long time. Even in schools which have a vertical classification for arithmetic, grouping cannot be avoided. Though Bill and John are both demoted for arithmetic because subtraction is a bugbear and nothing known beyond this stage, Bill's difficulty is taking numbers from 0 or 0 from other numbers, and John's that he uses a muddle of equal addition and decomposition methods,

having been taught in different schools by both. Putting these children in a class beginning subtraction, and refusing individual attention to their errors will never solve the problem.

In reading, the same situation exists. In a class of backward children may be found one who is right-eyed and left-handed and is probably, in consequence, incapable of learning by any method except that of the old Blackie primer, i.e. phonograms. Another with an excellent visual memory but soured as to reading by a long period of unsuccess lacks only a motive to make good progress on sentence method; a third knows his phonic sounds but has never been taught the compound consonants (as "th" and "wh") and some of the necessary "look and say" phonograms (e.g. "ight"). Nothing but group work is going to give these children success, and fortunately the numbers in organized backward classes do not usually exceed twenty-five. This raises the fundamental point behind any discussion of the kind attempted by this article, for the making of individual apparatus and the supervision and individual diagnosis, which is necessary for group work, is impossible when classes range between forty and fifty.

During the early days of evacuation, I wondered often if the children would not do better on permanent half-time or shift schooling, so halving the numbers in the classes, if only organized play centres, gymnastic clubs, children's museums and art galleries were available for the rest of the day. But to expect this under present conditions is, of course, to dream a dream verging on the irresponsibility of phantasy!

News and Notes

Professor Mapother

By the early death of Professor Edward Mapother both psychological medicine and the large circle of his friends have suffered an irretrievable loss. As Head of the Maudsley Hospital from its beginnings soon after the World War, he had a unique opportunity to build up a great psychiatric hospital and to develop not only the clinical but the teaching and research aspects. All these opportunities he grasped fully, so that the Maudsley has come to be regarded as equal, if not superior, to any similar institution in the world. There is no doubt that Professor Mapother's work has done much to establish psychiatry as one of the most important branches of modern medicine.

Professor Mapother was closely associated with the work of the National Council for Mental Hygiene, of which he became a member in 1924, and served for some time on one of its Standing Committees. He also gave valuable help as a member of the Special Sub-Committee appointed by the Council to consider amendments and recommendations in connection with the Mental Treatment Act of 1930. His wisdom and knowledge were always at the Council's service, and in spite of the many demands on his time he was never too busy to give help and advice whenever it was needed. Our deepest sympathy goes out to Mrs. Mapother in the great loss which we share with her.

The Passing of a Pioneer

The death of Mrs. Elizabeth Miriam Burgwin on February 1st, at the age of 89, has revived memories of the beginnings of compulsory education for handicapped children.

When, in 1891, the London School Board instructed the School Management Committee to prepare a scheme for the establishment of Special Schools, they appointed Mrs. Burgwin—then Head Mistress of the Orange Street School, Southwark—to be Superintendent of such schools, and sent her on a six months' tour to Germany and other countries to study their methods of teaching handicapped children. On her return, the first Special Classes were organized in London, and in 1892 two Special Schools were opened.

From this time onwards, Mrs. Burgwin worked unceasingly to further the education of physically and mentally defective children and to develop educational method and technique designed to help them, and on her retirement in 1916, a testimonial of £1,000 subscribed by teachers in Special Schools throughout the country (members of the National Special Schools Union of which she was President) marked the high regard in which she was held.

Mental Welfare Work and the War

Enquiries made from various types of areas in which active Mental Welfare work is being carried on, have revealed the fact that up to now the war has not, in the majority of instances, had any very appreciable effect on either the type or the volume of this work, except in reception areas where the closing of Occupation Centres and the development of Home Teaching in their place, has been necessitated.

The following points from replies received may, however, be of interest:

The Cambridgeshire Voluntary Association is providing facilities in practical Mental Deficiency training for students attending the Mental Health Course (transferred to Cambridge with the London School of Economics), and the opportunity of enabling them to see something of rural social conditions is felt to be a valuable one.

The Cumberland and Westmorland Voluntary Association and the Suffolk Voluntary Association specially stress the increasingly acute shortage of institutional accommodation. In the former area this has been intensified by reason of the fact that one institution (Dovenby Hall) has received some 75 defectives evacuated from Shotley Bridge Colony, and in Suffolk the holding up of plans for an extension of institutional accommodation has meant that vacancies only now become available through the discharge of a larger number of patients on licence.

The chief effect of war conditions noted by the West Lancashire Association is the extra work arising out of the collective evacuation of Liverpool's Occupation Centre children to North Wales.

The Kent Association reports some increase of visiting—usually in the more remote parts of the county—occasioned by unsuitable billeting of "problem" children.

The Portsmouth Mental Treatment Department has noted a slight increase of work carried out for the Juvenile Court, due not to a heavier incidence of juvenile delinquency but to the fact that there is now a slightly larger proportion of subnormal

children amongst juvenile delinquents. At the Mental Treatment Clinic there has been a definite falling off in attendances.

In Staffordshire all the ten Occupation Centres were closed on the outbreak of war and a temporary scheme of Home Teaching was substituted. Within three months, however, nine of the Centres were re-opened, and the tenth re-opened in February. The Lichfield Centre gave shelter to 30 defectives from West Bromwich for a fortnight at the beginning of the war. As Great Barr Colony has been required to evacuate 200 beds for other purposes, the pressure on institutional accommodation in the county is acute.

The Essex Mental Welfare Department has had a considerable increase of work both in evacuation and in reception areas, and has been able to offer useful service in connection with mentally subnormal evacuees, some of whom had—unclassified and unprovided for—found their way into evacuation parties at the last moment and quickly presented serious billeting problems. An increase in the number of Licence cases, and of applications for advice in dealing with difficult relatives, for whom the special arrangements hitherto made had broken down under stress of war conditions, is also noted.

In Oxford, the Mental Health Department has found itself called upon to deal with numerous problems connected with evacuees and with the local Hostel for Difficult Children, and the Child Guidance Clinic has had a great extension of work. This has led to the appointment of a Psychiatric Social Worker, part of whose time is allocated to the Mental Hospital.

Reference is made below to the work involved in connection with the exemption from military service of defectives under Statutory Supervision; one worker draws attention, in addition, to the problem of the feeble-minded ex-Special School boy (who, *as such*, is not exempted) accepted for military service and finding himself heavily handicapped by his inability to understand the technical instruction with which every recruit is now confronted. One of these willing but troubled lads, telling her of his fears of the time ahead in which he would be required to put into practice what he was supposed to have learnt, said to her: "I can't understand that Bren gun and it will be the 'cells' for me". On the other hand, another worker reports that several high-grade boys known to her, who have found their way into the army, are doing well and are thoroughly happy.

Exemptions from Military Service

Amongst the categories who have been exempted from the provisions of the National Service (Armed Forces) Act, 1939, are the following:

Men who are the subject of an order or inquisition under the Lunacy and Mental Treatment Acts, 1890 to 1930, or are being detained in pursuance of section twenty-five of the Lunacy Act, 1890, or as criminal lunatics or in pursuance of an order made under the Criminal Lunatics Act, 1884, or are undergoing treatment as temporary patients under section five of the Mental Treatment Act, 1930, or are persons placed in an institution or a certified house, or under guardianship, under section three of the Mental Deficiency Act, 1913, or are the subject of an order under section six, eight or nine of that Act, or are under supervision provided under paragraph (b)

of section thirty of that Act, or are inmates of a home approved under section fifty of that Act, or are the subject of a notification under sub-section (2) of section fifty-one of that Act.

The completion of the necessary Forms claiming such exemption for defectives under Statutory Supervision is proving to be, in the more thickly populated areas, a somewhat formidable task involving much time spent in clerical work, visits of enquiry, and correspondence. Thus, in Birmingham, as noted above, the Special Schools After-Care Department is dealing with 1,000 such cases, and proportionately large numbers are being dealt with in London and Essex, and in every large urban area where a vigilant school Medical Service and an efficient administration of the Mental Deficiency Act have resulted in the extensive use of statutory supervision.

Mental Deficiency Institutions and the War

We are indebted to the Board of Control for the following information:

Two Certified Institutions—Shotley Bridge Colony, Durham and Westwood, Bradford—have been completely vacated for the period of the war.

In twenty-one Institutions, a portion of the accommodation has been set aside to serve as a Casualty Section, and the displaced patients have been "overcrowded" in the remainder of the buildings. These Institutions are:

Brandesburton Hall, Hull; St. Catherine's, Doncaster; Oulton Hall, Yorks; Cranage Hall, Cheshire; Brockhall, Lancs; Calderstones, Lancs; Leicester Frith; Aston Hall, Derbyshire; Coleshill, Birmingham; Great Barr Park, Birmingham; Cell Barnes, Herts; Bromham House, Beds; Borocourt, Oxon; Coldeast, Hampshire; Botley's Park, Surrey; Hortham, Bristol; Hensol Castle, Glam; The Manor, Epsom; Leavesden, Herts; Caterham, Surrey; Darenth Park, Kent.

C.A.M.W. Annual Report, 1938-9

The Annual Report of the Central Association for Mental Welfare for 1938-9 is now available, and a copy will gladly be sent to any reader of this Journal who cares to apply to 24 Buckingham Palace Road.

The Report records the diverse activities of the Association amongst which may be noted its work for individual cases, its Guardianship scheme, its educational courses for teachers, doctors, workers in Occupation Centres, etc., its Holiday Homes, its after-care of epileptics, its organization of Occupation Centres and Home Teaching carried on for the Middlesex County Council, and its share in the maintenance (with the Child Guidance Council) of the Joint Register of Foster Homes for Nervous, Retarded and Difficult Children, and in the formation of the Mental Health Emergency Committee. A summary of the work of the North Eastern Council for Mental Welfare is appended, and a note is given of the work done in connection with the two Mental Hospitals in South Wales to which the Association has seconded a member of its staff.

The Report does not cover any part of the war period, but points out that if at first sight the difficulties of the present time seem overwhelming it should be remembered that they are no greater than those which threatened to submerge the Association at the outset of its career in August 1914.

The National Council for Mental Hygiene

Since the outbreak of war the Council has been directing special attention to the question of preventing the incidence of neurotic manifestations which would reduce our national efficiency, and of maintaining the morale of the civilian population in times of special danger. A large number of lectures have been given in many parts of the country to A.R.P. and First Aid Workers, nurses, teachers, etc., and also to the various units of the Port of London River Emergency Service. Syllabuses of special lectures have been prepared and widely circulated, and the Council is dealing with a great many applications for speakers.

Notes and articles of special value to civil defence workers of all kinds and for teachers in reception areas have also been prepared, and a series of articles on "Psychological Problems of the War as they affect the Nurse" was recently contributed to the *Nursing Mirror*. It was felt that this series would achieve a valuable purpose in giving the general nurse some insight into the psychological implications of illnesses with which they have to deal, especially war-time casualties.

The scenario for a mental hygiene film entitled "*Make Friends with Fear*" has been prepared by a special Committee of the Council. This is being produced under the auspices of the Central Council for Health Education and will, it is hoped, shortly be available for general release.

Regular monthly meetings of the Council's Executive Committee have taken place since hostilities began, and a joint Sub-Committee has now been formed, consisting of the members of the Council's Standing Committees, who will consider in detail psychological problems arising out of the present situation. Meetings of this Sub-Committee will take place on the same day as the Executive meets.

Arrangements are being made to hold the Council's Annual Meeting in June next, and this will be followed, as in former years, by a Public Meeting, at which an address on a mental hygiene subject will be given.

The Council is also actively co-operating in the work of the Joint Mental Health Emergency Committee, to which reference is made elsewhere, and has contributed grants towards their expenses.

Mental Nursing as a Career

The essay on this subject, published in the present number of the journal, should help to stimulate the recruitment of mental nurses, for the writer has clearly expounded the great improvements in conditions of service which have taken place since the days when mental hospitals were popularly regarded as asylums for the irrecoverable, and where no great degree of skill in nursing was either expected or indeed considered necessary. The result was that this branch of the nursing profession tended to be regarded with some disfavour, as being inferior and offering no great scope either for advancement or for the display of special ability.

The writer has rightly shown that far from this being the case candidates for

mental nursing should not only be equipped with very high nursing qualifications, but should also possess in an exceptional degree attributes of sympathy and tact as well as patience and forbearance. These will enable him or her to understand the delicate mechanism of the human mind and so help to bring about the recovery of the patients in their charge. Mental nursing should be regarded as a highly skilled profession which demands of the best, since here we have to deal with patients who by the very nature of their illness require nurses with exceptional qualities both as regards training and personality. When this has become more generally recognized we may look for a considerable increase in recovery rates among mental patients, as upon the nurse depends to a great extent the chances of improvement and of ultimate cure.

Nurse Liddell, who contributed this essay, was awarded the "Lord" Memorial Prize for 1939, and successfully competed for a similar prize in 1938. The competition, which was instituted by the Society of the Crown of Our Lord in memory of the late Dr. J. R. Lord, C.B.E., Medical Superintendent of Horton Mental Hospital, is held annually under the auspices of the National Council for Mental Hygiene whose Selection Committee awards the prizes.

Mental Health Emergency Committee

This Committee continues to meet regularly and is working in close touch with the Board of Education and the Ministry of Health.

It is satisfactory to record that the Ministry has shown its appreciation of the value of mental health work amongst evacuated children by agreeing to make grants to two Local Authorities (Northampton and Reigate) to allow of the services of the trained workers loaned by the Committee being retained, and it is hoped that applications for such grants will be followed up by other Authorities.

The Ministry has also agreed to meet as an evacuation expense the cost of maintaining Homes for Difficult Children, including the salaries of trained workers and, where necessary, the cost of psychiatric treatment at a recognized Centre.

In Bradford, Brighton, Northampton and Reigate, the workers loaned by the Committee for work amongst evacuated children have continued to carry on, and workers have been sent, in addition, to Bedford, Caernarvon and Chester and to the Berkshire Mental Hospital. The Committee has also been able to give considerable assistance in connection with the Cambridge Survey of Evacuated Children.

Other matters considered by the Committee include the provision of treatment for children suffering from the effects of air raids (in conjunction with the Invalid Children's Aid Association and the Women's Voluntary Services), camps for evacuated children, the need for the provision of psychiatric teams for cases suffering from mental breakdown under stress of war conditions.

The Committee is seeking to keep an up-to-date record of Mental Treatment Clinics for children and adults, and has noted with satisfaction that a number of

the former in London closed down at the beginning of the war, have now been re-opened.

Child Guidance Council

The Annual Report of the Child Guidance Council, published in February, contains a list of 48 clinics in England and Wales "recognized" by the Council, and of 13 clinics in Scotland represented on the Scottish Association for Mental Hygiene.

Clinics which have appeared in the Council's list for the first time are the Cambridge Child Guidance Training Centre (Group 1) and three in Group 2a; the Portsmouth Clinic organized by the Mental Treatment Department, held in the school clinic, and in charge of Dr. Mary Capes, the Royal Manchester Children's Hospital Clinic (Dr. Burbury) and the Barnsley Health Department Clinic (Dr. Joyce Marshall). Two temporary "war" clinics also appear in the list; one at Guildford (Group 1) and another at Reigate (Group 2a). The new clinics in Scotland are the Royal Infirmary Clinic (Edinburgh) and the Kilmarnock Clinic held at the Child Welfare Centre.

Of the clinics which closed on the outbreak of war, only 7 in London have remained closed, and subsequent to the re-opening of the Maudsley Hospital Clinic, sessions for children were no longer held at the three "North London" clinics of the London County Council.

A new clinic is being established at the West London Hospital and some work is also undertaken at the Elizabeth Garrett Anderson Hospital and at the Prince of Wales Hospital, Tottenham. Of the 46 clinics (i.e. excluding the "emergency" clinics) in the Council's list, 17 are wholly supported by Local Authorities, 5 are partly so supported and 24 are voluntary.

The Southampton Clinic, which was the only one to close outside London, was re-opened on January 1st. Bradford City Council has approved plans for the establishment of a full team clinic and it is expected that the appointments to the staff will be completed shortly after Easter. In Halifax, a visiting psychiatrist (Dr. Montgomery) is seeing problem schoolchildren and delinquent children from the juvenile courts. At Burton-on-Trent, the Director of Education is interested in the establishment of a clinic.

From the Report of the Liverpool Clinic, just received, we note that despite the exigencies of the black-out and wartime travelling, the Midland Group of clinics was enterprising enough to hold a meeting on November 11th which was well attended. Dr. Esher spoke on the psychological effects of war conditions, and the paper was followed by a discussion on the place of Child Guidance in the mental health services of the country.

Earlier in the year, "Play Therapy" was the subject of an interesting discussion by the same group of clinics.

Miss I. M. Laird, M.A., B.Ed., a former holder of one of the Council's Fellowships in Psychology at the London Child Guidance Clinic, has been appointed Woman Inspector by the Board of Control (Lunacy and Mental Deficiency).

Child Guidance in London

In the L.C.C. School Medical Officers' Annual Report for 1938, particulars are given of the number of new cases of London schoolchildren treated at the various Child Guidance Clinics used by the Council. These are as follows:

Maudsley Hospital, 397; London Child Guidance Clinic, 203; East London C.G. Clinic, 125; Institute of Child Psychology, 99; North Western C.G. Clinic, 25; Tavistock Clinic, 77; West End Hospital, 75.

A table giving the results obtained shows that 89 children were adjusted, 113 improved, 52 not improved, 198 found to be unsuitable or not co-operative, 25 placed, 12 transferred and 525 were still under treatment. The remaining 233 cases were referred for consultation only.

Cambridge Evacuation Survey

During the past four months, a Survey has been carried on for the purpose of collecting data on the experiences of Cambridge with some 400 children evacuated into that area from Tottenham. The services of teachers, educational experts, psychiatrists and professional social workers, in touch both with the foster-homes and with the children's own homes have been enlisted, and the first results of the enquiry are now available, and embodied in a "Memorandum on Practical Recommendations" recently issued.

For dealing with the problems presented by "misfits" and difficult children, three types of homes are suggested:

1. A Hostel for the temporary reception of children who are unsuitable for immediate billeting by reason of health, cleanliness or behaviour (estimated at 5 per cent.).
2. A Home, or Homes, for Emergency and Observation providing for children needing immediate removal from billets owing to illness, etc., in the household or to problems created by the children themselves. (Estimated requirement: one home, accommodating 30, for every 4,000 evacuees.)
3. A Home for Difficult Children permanently unsuitable for billets and accommodating not more than 10 to 15 in each. (Estimated number: at least 2 per cent.)

Amongst other recommendations the Committee urge the appointment in every Receiving Area or group of areas of trained Social Workers (one to every 500 children) and of a Psychiatric Social Worker, and suggest that the Evacuating Authority should be required to appoint experienced and responsible School Helpers; one available for each head teacher, to deal with questions concerning the welfare of individual children.

In view of the wide publicity given to the sins and vagaries of evacuees and to the sufferings of foster-mothers, it is encouraging to be informed that, so far as this particular group of children are concerned, 70 per cent. were found to have made a

normal adjustment to their new conditions, and to have presented no special difficulties.

The Chairman of the Research Committee is Dr. Susan Isaacs and the Hon. Secretary, Miss S. Clement-Brown.

Mental Deficiency Course for Medical Practitioners

It is satisfactory to be able to record that despite war conditions, the Central Association for Mental Welfare was able to hold as usual the Course on Mental Deficiency and Allied Conditions arranged annually in co-operation with the London University Extension and Tutorial Classes Council, for medical practitioners.

The Course, which began on Monday, April 8th, with 65 students, and lasted a fortnight, followed the lines of those held in previous years, and included lectures, clinical instruction and practice in mental testing under the supervision of a psychologist. It is designed specially for School Medical Officers, Certifying Officers to Local Authorities under the Mental Deficiency Acts, and Medical Officers of Institutions.

A Medical Officer of Mental Health

In the recommendations made at the end of her Survey of the Mental Health Services in Oxford City, Oxon and Berkshire, Dame Ellen Pinsent urged the "immense advantage" which would be attained "if each Authority had on its medical staff one man who, both by qualifications and experience", was an expert in Mental Health matters.

The Feversham Committee arrived at much the same conclusion although its recommendation on the subject takes the form of advocating that every Authority should appoint a mental health staff (psychiatrists, psychologists and social workers) to be shared between the mental health committee and the education committee.

Such a development may seem to lie very far in the future but it is encouraging to note that war exigencies have brought about something very much like it in Oxford, where the Medical Superintendent of the Mental Hospital has been appointed to act for the Medical Officer of Health as Director of all Mental Health Services for the duration of the war.

A consulting psychiatrist has been appointed by the Hertfordshire County Council.

Mental Welfare Library

The attention of our readers is called to the C.A.M.W.'s Mental Welfare Library, which is able to supply books of interest to Mental Health workers of all types—teachers of retarded children, supervisors of Occupation Centres, workers in Institutions, psychiatric social workers, psychologists, students in training, etc.

The annual subscription for one volume (excluding postage) is 10s.; subscriptions for shorter periods (6 months, 5s. 6d.; 3 months, 3s. 6d.) are also arranged.

Enquiries are invited and should be addressed to the Librarian, 24 Buckingham Palace Road, S.W.1.

Child Guidance Publications

A list of the Council's publications has been printed and is available on application to the Medical Director at 23 Queen Square, Bath. The 1939 Supplement to the list of books on child psychology in the English language will shortly be available.

Staffordshire Mental Welfare Study Week

We are asked to announce that the Study Week held annually by the Staffordshire Mental Welfare Association, will again be organized and is to take place from Monday, July 29th to Friday, August 2nd.

Provisional particulars can be obtained from Mrs. Jennie Benson, Organizer of Occupation Centres, Crabbery Chambers, Crabbery Street, Stafford.

Staffordshire Mental Welfare Association

On April 1st, 1940, the staff and functions of this Association were taken over by the Staffordshire County Council with whom, since its foundation 20 years ago, it has worked in close co-operation, resulting in the gradual creation of a scheme for the community care of defectives, including the establishment of a network of Occupation Centres and Industrial Classes covering the county.

The value of the "voluntary" side of the work is fully recognized by the Council and provision is made for the continuance of the Association, and for the activities of its Voluntary Visitors and its Local Committees to be left undisturbed. In this way there is ensured the preservation of the "voluntary spirit", which has been in the past, and will continue to be in the future, such an essential factor in pioneer achievement.

Scottish Association for Mental Hygiene

On the outbreak of war, the Scottish Association set up an Emergency Committee consisting of the President (Sir William M'Kechnie), with the chairmen of the Sectional Committees, Dr. Clarkson (Mental Defect), Professor Drever (Child Guidance) and Dr. Harrowes (Mental Health) for the purpose of carrying on the work and of dealing with any new problems that presented themselves.

The Committee meets regularly and has turned its attention particularly to the possibility of helping in the solution of billeting and other problems connected with evacuation, and of securing the re-opening of After-Care, Occupation and Employment Centres which were closed down on the outbreak of war. It is also arranging for lectures on Mental Health subjects to A.R.P. and other war workers, and it is hoping to publish articles in the Scottish press dealing with the psychological effects of air raids and other wartime conditions.

The Secretary of the Association, which, it will be remembered, represents an amalgamation of the Scottish Association for Mental Welfare and the Scottish Child Guidance Council, is Dr. Constance Hunter, and its address: 23 Eglinton Crescent, Edinburgh.

Book Reviews

The Dilemma of Penal Reform. By Dr. Hermann Mannheim, with a preface by Prof. A. M. Carr-Saunders. Allen & Unwin. 1939. pp. 228. 7s. 6d.

This book is based on a course of public lectures given at the London School of Economics in 1938-9. Professor Carr-Saunders points out that for the constructive development of Penal Reform we need, firstly, accurate systematic sociological and psychological surveys of offenders and offences and, secondly, we need to clear up our ideas about our social responsibility to offenders and about our concepts of guilt, punishment and reformation. This book is a general introductory survey of this second group of problems.

The author points out how serious an error it has been "on principle to divorce the idea of punishment by the State from moral considerations . . .", and that "only on a moral basis is it possible to argue successfully with the lawbreaker". He realizes that such a moral basis is hard to define and that room for discretion must be left in dealing with the individual offender. Indeed, he brings strong evidence to show the need for individual treatment of offenders on this and other grounds and, by his admission of unconscious factors as influencing the attitudes of society and offenders to each other, he tacitly admits an objection to too literal an interpretation of his view that the offender must be tackled on a moral basis. The psychopathologist would at once point out that for some offenders, at least, the moral approach is difficult if not impossible since there is little or no common ground in this respect because of their pathologically distorted moral outlook. The reviewer has the impression that Dr. Mannheim would regard such cases as best dealt with by the psychiatrist.

He points out the need for greater co-operation and research between the penologist, the sociologist, the lawyer, the politician, moral philosopher, the educationist, the psychologist and the psychiatrist. So far as the encyclopaedic researches he suggests are concerned, such co-operation is long overdue in this country.

The book is written into three sections dealing respectively with the economic, social and legal problems involved in Penal Reform. His standpoint is primarily that of the lawyer and sociologist, and the psychological side is only briefly discussed though by no means neglected. The Criminal Justice Bill, unhappily suspended

owing to the war, comes in for considerable discussion. *Inter alia* he welcomes those sections of the Bill which stimulate the use of probation and extend the influence of the Juvenile Court, and points out how the problems of the latter exemplify the conflict that often arises between fundamental legal doctrines and the particular needs of some offenders. There is a lengthy discussion of the problems and inconsistencies of Juvenile Court procedure, and he makes the interesting suggestion that the age of criminal responsibility should be raised to 14 years and, moreover, that children under 14 should not be brought before a Juvenile Court—which is a Criminal Court—as "care and protection" or "beyond control" cases. He regards this age as "obviously not sacrosanct" and suggests the change might be made gradually. There is certainly some psychiatric support for such changes and indeed there never has been any psychiatric reason why the present age of 8 years should be adopted. He thinks that a Chancery Court might be established to deal with these younger offenders and points out the great advantage such Courts would have in not being bound by the rules of Criminal procedure. Since most of the methods of treatment at present belonging to the Criminal Courts would be at the disposal of the Chancery Court, it seems that the author might in time be disappointed in his belief that the children would incur less stigma (and presumably less mental trauma) than under the present system. However, the step is certainly one psychiatrists would approve and it would facilitate their work for the Juvenile Courts. Dr. Mannheim also points out the advantages of extending the jurisdiction of Juvenile Courts to include offenders up to the age of 21. He points out many difficulties in this and suggests compromises and also shows how such a development is in keeping with the proposals in the Criminal Justice Bill to keep minors out of prison. Of course, arbitrary age groups will never be quite satisfactory in such matters and much of what is here discussed supports a plea for greater elasticity in the machinery for dealing with the younger offenders, but those who call too urgently for such changes will find here many reasons why it is so difficult to give effect to their wishes.

At the end of the book there are some interesting comments on "Future Trends of Penal Reform". Psychiatrists will agree with the suggestion that institutional treatment should

be for periods of at least three months and that imprisonment should be inadmissible for persons under 21. Many would also agree with his suspension of judgment on the desirability of having psychiatrists as members of the Juvenile Court.

Many problems are discussed besides those concerning juveniles and it is not possible to do the book justice in a short review. A great deal of information is included and the reader cannot fail to be impressed by the wisdom of the author's discussion and the spirit of common-sense compromise which colours his decisions. The book is definitely to be recommended and Dr. Mannheim is to be congratulated on having produced a very readable survey that is also a strong argument in favour of Professor Carr-Saunders' plea for the greater recognition of Criminology as a science worthy of representation in University curricula.

D.C.

Textbook of Psychiatry. Fifth edition. By D. K. Henderson, M.D., F.R.F.P.S., and R. D. Gillespie, M.D., F.R.C.P., D.P.M. Oxford University Press. Price 20s. net.

A textbook on a special subject which has reached a fifth edition in thirteen years may well claim to have amply proved its popularity with graduate and undergraduate and we welcome this last edition of "Henderson and Gillespie" as bringing up to date a work which is fast becoming standard. The chief additions are a full survey of shock therapy in schizophrenia by which the authors think that more rapid recovery may take place, but are not prepared to state that they cure patients who would otherwise be unrecoverable. Psychopathic states have been entirely removed from the mental defectives in the classification and dealt with largely on the lines of Professor Henderson's Salmon lectures.

A short chapter on war neuroses contains the experiences of Mira in the Spanish War which were somewhat startling to many people who expected a great increase of psychoneuroses among civilians exposed to war conditions. Instead, it was found that the "fed ups" formed the large groups who became depressed and worried simply as a result of a prolongation of adverse circumstances, so that in this respect, as Mira said, "Butter was quite as important as guns". To the chapters on Psychiatry in Childhood have been added a discussion on Play Therapy which is being increasingly recognized as the most hopeful method of dealing with young childhood.

The working of the New Matrimonial Causes Act has made precise prognosis most important

and the authors do their best to help medical practitioners in forming their conclusions.

The student concerned with mental health or mental illness who wishes a standard work of reference which will give him reliable information on any branch of the subject, cannot do better than to consult the latest edition of Henderson and Gillespie.

Learning to Think. By Lindsay Dewar. Needs of To-day Series, No. 18. Rich & Cowan, Ltd., London. 3s. 6d.

For those who have never taken the trouble to consider ways and methods of thinking and who wish to know of a readable and interesting introduction to the subject this small book of Canon Dewar's can be confidently recommended.

Its three sections cover a great deal of ground. The first is concerned with different types of thinking and with the rules of the syllogism. The second calls attention to various matters that may tend to prejudice correct thinking and that may vitiate conclusions arrived at. While the third, after a consideration of human capacities and after some observations on Intelligence Quotients, Spearman's factors and temperamental differences, gives suggestions for increasing mental efficiency. The role of the unconscious is emphasized at various points. Whether this intriguing ingredient of the personality is responsible for all that different writers and thinkers attribute to it may be doubted. It is at any rate stimulating to feel that from its depths may flow psychic energy released we know not how and that if appropriate contact with it can be achieved it may automatically provide us with the solution to our more difficult problems.

A psychological flavour is apparent throughout the book, but towards the end of the last chapter the author asserts that a purely scientific approach is not sufficient in human affairs. He gives as a theoretical example a case of malignant disease where after prayer and anointing, the patient lives for many years. The suggestion here seems to be that faith in an object that is absolutely trustworthy is necessary for its effectiveness. Psychologically this seems to be incorrect. Surely a more favourable situation in illness can be achieved by faith in an object totally untrustworthy.

H.C.S.

Neurology. By S. A. Kinnier Wilson, M.D., F.R.C.P., edited by Dr. Ninian Bruce. Arnold & Co. Two vols., £4 4s.

Neurologists, and indeed the medical profession as a whole, cannot be sufficiently grateful to Dr. Ninian Bruce for having edited Dr.

Kinnier Wilson's truly monumental work. The need for such a comprehensive survey of the field of Neurology has long been recognized. One of the great advantages of Dr. Kinnier Wilson's work is that although exhaustive it is by no means exhausting since it is written with such clarity and simplicity that it is essentially easy to read even when dealing with the most abstruse considerations. Indeed, the greatest demand will be made upon the physical capacity of the reader—unless he is fortunate enough to possess a stout book-rest—for these tomes may be said to be weighty in the literal sense of the term.

The last section of the book, which is devoted to the motor and sensory neuroses, is particularly interesting to those who are more especially concerned with psychosomatic reactions. Dr. Kinnier Wilson stresses the importance of regarding the human organism as a unit, and gives full weight to the influence of emotional and temperamental factors in relation to many neurological conditions. This breadth of outlook, which was typical of Dr. Kinnier Wilson, is not the least of his great contributions to the enlargement of medical science.

D.M.O.

The Education of Backward Children. By M. E. Hill, B.A., with an introduction by H. Boyes Watson, M.A. Harrap. pp. 174. 6s.

To read such a book while on A.R.P. duty in an area where special schools have been seriously disorganized, is a reinvigorating experience. The book contains an account of almost three years' experimentation in Southend-on-Sea with dull and backward children. The C.A.M.W. was asked to lend two educational psychologists for three months to make a survey and suggest remedial measures, and one of them, Miss Hill, was then appointed to lead a co-operative effort to evolve new methods to deal with the 10-15 per cent. of the pupils for whom ordinary class methods were considered inadequate.

Since the number of teachers with sufficient knowledge of mental testing and special methods was not great enough to set up a complete system of special classes, there had to be devised a system of testing and teaching, simple and clear enough to be used by teachers without intensive special training and also reliable enough in diagnosis, and appropriate in remedial application for most of the children.

Working within these limitations Miss Hill has evolved an excellent compromise between what would be theoretically ideal and what is practically possible. Thus, while she uses

Burt's standardized test to obtain reading ages as a measure of English ability, she provides a parallel list of reading primers for each reading age so that the teachers may use more familiar measures in applying appropriate remedial teaching. She also provides specific lists of questions for use with each primer to help the teacher to adopt individual methods for the development of silent reading for comprehension, which in the reviewer's opinion would have been a better measure of English ability. The Southend Attainment Tests in Arithmetic and the syllabus of number work are outlined in detail as an aid to similar remedial work in arithmetic. Hints are also given as to pre-formal training by suitable play activities, and also later dramatization, puppetry, projects and simple handwork.

This book should be of great help to any teacher, e.g. in a rural school, faced with the problem of helping pupils, whether bright or backward at widely differing stages by individual methods. The experiment is also noteworthy as an illustration of the way in which innovations can be introduced gradually by such voluntary organizations as the C.A.M.W. and then adopted on a wider scale by a public body, and finally, if need be, by the State. It at least suggests a valuable alternative to totalitarianism in the solution of educational and social problems.

D.K.F.

The Problem Teacher. By A. S. Neill. Herbert Jenkins. 5s.

A teacher's problem, as diagnosed by the author of this book, appears to be that he is incurably middle-class in his ideas, economically dependent on continuing to be so, and yet socially barely on the fringe of the bourgeoisie. He suffers therefore, it is contended, all the privations—social, sexual and psychological—of his religious and moral ideology without the corresponding middle-class compensations of prestige and affluence. The result is an "irritable mechanic", devoid of inspiration, afraid of emotion which might bring him to loggerheads with his mentors, and clinging to a narrow intellectual syllabus, unaware of what is in his own heart and in the hearts of his children.

Neill sees the bare isolated subject teaching of the average curriculum and the craze for examination successes, as indirect outcomes of an attitude which expresses itself more directly in repressive discipline exercised by a pedagogue whose dignity is his only prop.

(As the book concerns the "problem" teacher, much of this must be allowed to go

unchallenged, though one would have welcomed some wider recognition to the many whose hearts *do* lead them to an understanding of the children they teach and who accomplish so much in despite of curricula, regulation and ideology.)

The teacher's salvation is described to be in the direction of bending his energies to change all this by making politics his chief interest in life. To this end his training should include contact with the major current political viewpoints, as well as international travel and as much understanding of his own psychology as can be crammed into the time available. Then, and pre-eminently, a first hand study of children *at play*. Psychology should displace teaching method and should concern his own and the children's emotions, not the learning processes.

Those of us whom Neill has helped to see how true education can be achieved by a sincere awareness of the abiding human needs, will not find this book hard to swallow though we may be a little disappointed that the author has not yet assimilated his own aggressive daemon. Those who need educating to this viewpoint will still be unconverted, because the book is an attack written in a spirit which will produce a counter-attack and proceeding probably from the same self-conscious wilfulness which led the writer to call a previous book about Summerhill, "That Dreadful School!"

R.T.

The Psychological Aspect of Delinquency. A Series of Lectures, with a Foreword by Elizabeth Casson, M.D., D.P.M., General Editor, G. de M. Rudolf, M.R.C.P., D.P.M., D.P.H. Baillière, Tindall & Cox. 1s.

Six lectures on delinquency were delivered to the Bath and Bristol Mental Health Society, under the presidency of Dr. Elizabeth Casson, who writes a foreword.

In the first lecture, Dr. Bunbury discusses delinquency in the mentally disordered. She describes cases of "crime" committed by persons suffering from manic depressive insanity, dementia praecox, epilepsy and general paralysis. She then describes what she calls a normal criminal, one whose upbringing and circumstances are so bad that his own conscience entirely condones the crime, while neurotic criminals are said to commit crimes because they desire to punish themselves. This lecture may have stimulated interest in the audience by reason of the narratives of crime, but is extremely superficial and of little or no educative value.

In the next lecture, Dr. Ling discusses the

"normal criminal" and agrees with Goring that these are drawn from the ranks of the mentally inefficient who are lacking in ambition and foresight. He thinks that psychological examination may be useful in some cases, but that most cases lack the mental ability to benefit from this, or are too old and set in their ways.

Dr. Philips contributes a lecture on the treatment of venereal disease in relation to the work of the British Social Hygiene Council. In the last paragraph he mentions juvenile delinquency, but why his lecture should have been included in the present series is by no means obvious.

Dr. Rees's lecture is good. He lays stress on the necessity for diagnosis in all forms of delinquency, as a preliminary to treatment and points out that punishment even to the extent of imprisonment may be a very useful form of treatment in some cases. The rebels against society are theoretically suitable for psychotherapy, but too often do not co-operate sufficiently to make this of any avail.

In the true psychoneurotic the offence is out of tune with his general behaviour, and such cases can often be easily recognized and are essentially well fitted to be benefited by psychotherapy. He lays stress on the responsibility of magistrates to hate the antisocial act of the delinquent, but not to hate the delinquent himself.

Dr. Rudolf deals with the defective delinquent and points out the frequency with which such cases escape recognition as defectives and the waste which this involves. After reviewing the type of crime committed by the defective, he describes the training possible in a colony whereby a delinquent defective may be re-educated and reclaimed.

Finally, Canon Pynn discusses delinquency from the point of view of Christianity, pointing out the universality of the sense of sin in some form or other, and the necessity for a doctrine of forgiveness and Christian love, if the delinquent is to be helped.

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Association of Mental Health Workers

As it proved impracticable to hold a residential conference this year, there was arranged instead a one-day Conference in London held at the Alliance Hall, Westminster, on Saturday, April 13th. The subject under discussion was "Evacuation and Mental Health Work", and the speakers included Miss Brayn (Portsmouth Mental Treatment Department), Miss Robina Addis (Psychiatric Social Worker, Mental Health Emergency Committee), and two teachers with personal experience of evacuation, Mr. C. H. W. Tangye, Head Master, Lewisham Bridge L.C.C. Elder Boys (M.D.) School, and Mr. P. A. Barons, Head Master, Woodlands Park School, Tottenham.

The Association is unfortunately losing the services of its Chairman, Dr. Letitia Fairfield, and gratefully acknowledges its debt to her for much help and support given to the work since her election in 1935. The Hon. Secretary, Miss A. L. Hargrove, has also been obliged to hand in her resignation. To these two vacancies, Miss Buck (Senior Mental Health Visitor, Oxford) and Miss Howe (Secretary, Cambridgeshire Voluntary Association for Mental Welfare) were elected respectively.

Recent Publications

MODERN PSYCHOTHERAPY. By Noel Harris, Physician in Charge, Woodside Hospital, Physician for Psychological Medicine, Middlesex Hospital. John Bale Medical Publications. 7s. 6d.

MENTAL DISORDERS IN MODERN LIFE. An Outline for Hopeful Treatment. By Isabel Emslie Hutton, M.D. (Originally issued as "The Last of the Taboos".) William Heinemann. Cheap Edition, 3s. 6d.

NERVOUS MENTAL DISEASES. Their Pastoral Treatment. By Fr. Chrysostom Schulte, O.M.Cap. Translated by Fr. Clarence Tschippert, O.M.Cap. Coldwell. 10s. 6d.

PSYCHOBIOLOGY AND PSYCHIATRY. A Textbook of Normal and Abnormal Human Behaviour. By Wendell Muncie, M.D., Sc.D. Henry Kimpton. 40s.

PSYCHO-ANALYSIS. By Edward Glover, M.D., Glasg., Director, London Clinic of Psycho-Analysis. John Bale. 12s. 6d.

THE MENTAL GROWTH CAREERS OF EIGHTY-FOUR INFANTS AND CHILDREN. A Ten Year Study from the Clinic of Child Development at Yale University. Part I by Dr. Arnold Gesell. Part II by Catherine S. Amatrua, Dr. Burton M. Castner, and Dr. Helen Thompson. Hamish Hamilton. 15s.

THE CLINICAL TREATMENT OF THE PROBLEM CHILD. By Carl R. Rogers. Director of Rochester Centre, Lecturer in Psychology, University of Rochester. Allen & Unwin. 15s.

THE MEASUREMENT OF ABILITIES. By Philip E. Vernon, M.A., Ph.D. Lecturer in Psychology, University of Glasgow. University of London Press. 10s. 6d.

THE INNUMERABLE INSTINCTS OF MAN. A Proposed Revision of the Current Theories of Instinct in the Light of Modern Research. By Claude A. Claremont, B.Sc., Co-Principal, Montessori Training College for Teachers. Eyre & Spottiswoode. 6s.

LIFE IN THE NURSERY SCHOOL. By Lilian de Lissa. Longman's. 7s. 6d.

EDUCATION OF THE HANDICAPPED. Edited by Merle E. Frampton and Hugh Grant Rowell. Teachers' College, Columbia University. Harrap. Vol. I. 7s. 6d.; Vol. II. 9s.

METHODS OF REHABILITATION OF ADULT PROSTITUTES. Allen & Unwin (League of Nations Publications Department). 3s. 6d.

REPORTS, ETC.

BOARD OF EDUCATION. The health of the School Child. Annual Report of Chief Medical Officer of the Board, 1938. H. M. Stationery Office. 1s. 3d.

BOARD OF EDUCATION. Suggestions on Health Education for the Consideration of Teachers and others concerned in the Health and Education of School Children. (Revised Edition.) 6d.

MINISTRY OF PENSIONS. Neuroses in War Time. Memorandum for the Information of the Medical Profession. H. M. Stationery Office. 2d.

MINISTRY OF HEALTH. Memo. Ev. 8. Government Evacuation Scheme. H. M. Stationery Office. 4d. Circular on above, 1d.

MENTAL DEFICIENCY (Scotland) ACT. 1d.

LONDON COUNTY COUNCIL. Report of the School Medical Officer for the year 1938. P. S. King & Son. 1s. 6d.

EDUCATION COMMITTEES' YEAR BOOK. 1940 Edition. Association of Education Committees, 10 Queen Anne Street, W.1. 21s.

CHILDREN IN WAR TIME. Reprint of articles in "New Era" special Evacuation Number. New Era, 29 Tavistock Square, W.C.1. 7d. post free.

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